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ABSTRACT

The document includes two questionnaire/survey instruments, one completed by 36 pupil appraisal personnel (e.g., psychologists, social workers, physical therapists, nurses) and the other completed by 38 child search coordinators as part of a study designed to evaluate the quality and efficiency of early education programs serving handicapped children (ages 3-5) in Louisiana during 1985-86. Each survey instrument shows the frequency distribution of the responses received and each is accompanied by a narrative developed from interview data. The most prevalent concerns expressed by pupil appraisal personnel related to the need for sound assessment instruments for children in the birth-to-2 and 3-to-5 age groups, and to inadequate training and experience in assessing young children. Concern was also expressed over the requirement to reevaluate children during their fifth year and classify them according to categorical eligibility standards to permit continuation of services. Basic appraisal processes were similar across programs. The roles of child search coordinators were explored, and types of child search activities reported (e.g., public service announcements and pamphlets). Among recommendations by child search coordinators was a program of public information and parent counseling, as well as the establishment of communication lines between local education agencies and other agencies that can provide related services. (JW)

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STATEWIDE EVALUATION OF EARLY EDUCATION PROGRAMS FOR HANDICAPPED CHILDREN IN LOUISIANA 1985-86

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SUMMARY REPORT: PUPIL APPRAISAL STAFF and CHILD SEARCH COORDINATORS

September 1986

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LOUISIANA DEPARTMENT OF EDUCATION
Thomas G. Clausen, State Superintendent

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TO THE READER

This document is a product of the Statewide Evaluation of the Early Education Program for Handicapped Children in Louisiana, a study funded through a Cooperative Agreement between the U.S. Department of Education and the Louisiana State Department of Education. The evaluation represents a cooperative effort between the project staff in the Bureau of Evaluation, Office of Research and Development, and the program personnel of the Office for Special Educational Services in the Louisiana State Department of Education.

Information for this study was collected from personnel in the Louisiana Early Education Program at state and local levels between January 1, 1985, and June 30, 1986. Findings of this evaluation are based upon a multiple-model research design that included data collection during 39 program visits, 59 class observations, 570 surveys/questionnaires, 1,020 personal interviews with staff and parents, 303 class profiles, 606 individual student profiles, and more than 664 hours of on-site fieldwork. A comprehensive, technical report of these findings has been prepared for the primary audiences of this study.

Input from the field indicated to project staff that feedback was important to the contributors. Therefore, this document and other similar reports of the 17 service roles identified in the program have been prepared in response to this request. This document contains a copy of the survey/questionnaire instrument that was sent to pupil appraisal personnel and child search coordinators in the preschool program for completion, along with the frequency distributions of their responses. It should be noted that, unless otherwise indicated, all numbers are percentages of responses based on the 36 pupil appraisal personnel and 38 child search coordinators who completed the instrument. Totals in excess of 100 percent are due to rounding.

The second section of this document is a narrative developed from data gathered in interviews with pupil appraisal personnel and child search coordinators during the naturalistic study and the three waves of the evaluation.

Project staff are deeply appreciative of the time and effort contributed by the many people in the field without whom the study could not have been conducted. We hope that the information in this document will assist special education program personnel in providing the best program possible for handicapped preschoolers.

Betty N. Anderson

Betty N. Anderson, Project Director

JoAnn C. Bower

JoAnn C. Bower, Research Analyst

Preschool Handicapped Program Evaluation

Pupil Appraisal Personnel

The Louisiana Department of Education has entered into a cooperative agreement with the U.S. Office of Education to conduct a statewide study of the early education programs for handicapped children in Louisiana. The study is designed to provide program personnel and parents opportunities to showcase strengths and to suggest improvements for various program models. The study, which is NOT designed as a monitoring tool for compliance, will be a medium through which information about different program models can be disseminated. Areas of program models to be explored include, but are not limited to, the regular and related program services which are provided to children and parents, service delivery models, program formats, instructional models, physical facilities, staffing patterns, transportation, program processes, transitional efforts, interaction patterns, learning environment, staff training and experience, coordination across programs, program impact on participants and parents, and perceived benefits and difficulties of the program models.

The Bureau of Evaluation in the Office of Research and Development is conducting the study, with the cooperation of the Office of Special Educational Services. Information for the study will be collected from all school systems in the state with the assistance of each system's special education staff and the Louisiana Early Education Program coordinators. We would like to request your assistance in providing critical information about your preschool handicapped program for three- to five- year-old children. Your support and input are needed in this study, which has the potential to affect the quality of education in Louisiana. If you have any questions regarding the study or the information you are requested to provide, please feel free to call Dr. Betty Anderson or Dr. Jo Ann Bower at (504) 342-3835.

Please note: The identity of individuals, schools, and parishes will remain STRICTLY CONFIDENTIAL.

Please return this survey in the stamped, self-addressed envelope no later than December 15, 1985.

FREQUENCY DISTRIBUTIONS OF RESPONSES
Number of responses = 36

_____/_____/_____/ 29 C 2 H 5 B __ S

PART I. PROFESSIONAL PROFILE

1. What is your title?

31% Psychologist
40% Assessment teacher
0% Educational consultant
29% Social worker
0% Other

2. How long have you worked in pupil appraisal? (Include the current academic year.)

1-13 Years Range

3. CIRCLE those persons who work in the area of preschool handicapped pupil appraisal in your program and describe what they do.

1. Psychologist: 81% Assesses cognitive functioning, social/ emotional behavior, developmental functioning, evaluation coordinator of 0-2-year-old children, teacher assistance, parent conferences, appraisal team member

2. Assessment Teacher/Educational Consultant: 86% Serves as evaluation coordinator for school, screens and evaluates children, consults with teachers and parents, observes in classrooms, interviews parents.

3. Speech/Language Specialist/Therapist: 86% Conducts speech and language screenings and evaluations, participates in IEP meetings and parent conferences

4. Social Worker: 78% Conducts parent interviews, obtains social history, contacts health care professionals, administers SOMPA, provides caseworker services for a selective caseload

5. Other: 22% Occupational therapist assesses fine motor development and self-help skills. The nurse conducts vision and hearing screening and gathers medical data. Physical therapist assesses gross motor skills, muscle tone, and provides information on positioning. APE teachers assesses gross motor development.

4. *Please indicate whether or not you have certification or training in each of the areas listed below. Also, indicate how helpful each area has been in performing your duties as a member of the pupil appraisal team for the preschool handicapped program.*

A. Certification: assessment teacher (28)
46% have, helpful 7% have, not very helpful 46% do not have

B. Certification: educational consultant (29)
24% have, helpful 17% have, not very helpful 59% do not have

C. Teacher certification: special education (29)
52% have, helpful 7% have, not very helpful 41% do not have

D. Teacher certification: elementary education (29)
41% have, helpful 3% have, not very helpful 55% do not have

E. Teacher certification: secondary education (28)
4% have, helpful 7% have, not very helpful 89% do not have

F. Administration certification: special school (27)
4% have, helpful 7% have, not very helpful 89% do not have

G. Administration certification: elementary education (28)
14% have, helpful 17% have, not very helpful 75% do not have

H. Administration certification: secondary education (28)
0% have, helpful 4% have, not very helpful 96% do not have

I. Certification: counseling (27)
11% have, helpful 0% have, not very helpful 89% do not have

J. Early childhood development degree
4% have, helpful 0% have, not very helpful 96% do not have

K. Psychology degree (30)
40% have, helpful 0% have, not very helpful 60% do not have

L. Other: (22) Masters in social work, home economics degree, supervisor of child welfare and attendance, school psychologist

68% have, helpful 0% have, not very helpful 32% do not have

5A. What previous related experience have you had? (Check all that apply.)

8%	No previous related experience
6%	Special education administrator
3%	Elementary education administrator
3%	Secondary education administrator
44%	Special education teacher
8%	Kindergarten teacher
31%	Elementary education teacher
6%	Secondary education teacher
31%	Early childhood development work
25%	Psychologist
11%	Counselor
36%	Assessment teacher
22%	Educational consultant
33%	Other: my own children, foster care parent, child welfare consultant

5B. Write the number of the experience among those listed above that has helped you MOST in performing your appraisal duties.

#1 = special education teacher #2 = psychologist

6. What kinds of interventions or educational adjustments are used with handicapped preschoolers BETWEEN initial screening and full evaluation?

Usually limited to specialized medical treatment...No educational intervention as time is short and children are not enrolled in any program...Activities for parents' use in the home are suggested...Some are placed in noncategorical preschool class on an interim basis...Child may be referred to health clinic or other agency...A home visit may be arranged if it is more conducive to meet the child's needs...Some reported that they provide parents with an information booklet...The big delay is between full evaluation and placement due to extensive paperwork...No true intervention was reported.

7. *Some pupil appraisal professionals have suggested concerns or special considerations in working with children aged 0-2 and 3-5. Please read the list below and check all of the concerns or special considerations with which you agree. Check the age group(s) for which you feel a concern or consideration is applicable. Check the blank in front of "not a concern" if you do not feel a particular concern or consideration is applicable.*

A. Assessment at this age must be done especially carefully, because it may result in labeling a child for life.
64% 0-2 64% 3-5 28% not a concern

B. These concerns are no different from the concerns we have about the assessment of older children.
28% 0-2 33% 3-5 39% not a concern

C. The numbers of children in these age groups to be evaluated are increasing.
64% 0-2 69% 3-5 14% not a concern

D. Our staff does not have adequate training/experience in the evaluation of these groups.
50% 0-2 19% 3-5 50% not a concern

E. Too much time transpires between a child's referral and eventual placement in the preschool program.
19% 0-2 25% 3-5 64% not a concern

F. Some procedures are used because they are locally or state mandated, not necessarily because they are warranted with individual children.
25% 0-2 31% 3-5 67% not a concern

G. It is difficult to find instruments that provide information that can be used to document need according to 1508 guidelines.
50% 0-2 36% 3-5 42% not a concern

H. There is concern that the instruments may not measure what they purport to measure.
42% 0-2 31% 3-5 56% not a concern

I. The assessment process is often delayed by failure to get medical information promptly.
61% 0-2 64% 3-5 25% not a concern

J. Other: Services for 0-2 following evaluation, need one team to test this population so they can specialize
11% 0-2 8% 3-5 0% not a concern

8. *Would you please describe the overall procedure you use in assessing these children? Please sequence steps from referral to placement. Space has been provided to write six steps; you may have more or fewer. If additional space is needed, use the back of this sheet.*

1. Referral: Children are referred from a variety of sources. Referrals are received and processed by the Child Search Coordinator, social worker or speech therapist. The parent is usually interviewed on the telephone, at the time of referral, or the social worker may visit the home.

2. Screening: Some schools schedule one morning a week for screening. Some refer parents to the local health unit. A decision as to the need for an evaluation is made after reviewing all screening data.

3. Evaluation: If an individual evaluation is warranted, then it is scheduled. A comprehensive assessment by personnel in each area of suspected impairment is given. A staffing is completed approximately one week after the evaluation. If more information is needed, the child is called back or an appraisal person may make a home visit.

4. Staffing: A staffing by assessment team members is conducted in which recommendations for classification and service are determined.

5. Final report: Written report is prepared, and parents are called for a conference. Results of the evaluation are interpreted to parents. The report is then delivered to the principal/teacher at the preschool location, and the results are interpreted to the receiving teacher.

6. Placement and IEP conference: The IEP conference is set by the principal or coordinator along with any other personnel who may be listed as related service personnel. Others reported that the child's report is sent to the IEP Department responsible for that primary classification. Placement in the program is offered.

9. *Which instruments are used in assessing HANDICAPPED PRESCHOOLERS AGED 3-5? From the list that follows, select the three instruments you use MOST FREQUENTLY in the appraisal of preschool handicapped youngsters. Write the number of each of the three most frequently used instruments in the blank on the left. Also indicate whether the instrument is used for screening or evaluation by checking the appropriate blank. If the instrument is used for both screening and evaluation, check both blanks. NOTE THAT THE INSTRUMENT LIST CONTINUES ON THE NEXT PAGE.*

PLEASE RECORD YOUR RESPONSES HERE:

MOST FREQUENTLY USED: Denver Develo ntal Screening Test (12)

83% screening 17% evaluation

SECOND MOST FREQUENTLY USED: Vineland Social Maturity Scale (5)

100% screening 100% evaluation

THIRD MOST FREQUENTLY USED: Brigance - Preschool Language Scale (4)

50% screening 100% evaluation

3% Alpern-Boll

0% Arizona Articulation Proficiency Scale

0% Basic Concept Inventory (Engleman)

0% Basic School Skills Inventory (Goodman and Hammill)

10% Bayley Scales of Infant Development

0% Boehm Test of Basic Concepts

0% Bracken Basic Concept Scale

0% Brekken-Drouin Developmental Spotcheck

7% Brigance

0% Brunnicks Oseretsky

39% Denver Developmental Screening Test (Frankenburg and Dodds)

0% Developmental Test of Visual-Motor Integration

0% Goldman-Fristoe Test of Articulation

0% Goldman-Fristoe-Woodcock Test of Auditory Discrimination

0% HAWAII

0% HELP

0% Kaufman Assessment Battery for Children

0% LAP/LAP-D

0% Leiter International Performance Scale

0% McCarthy's Scales of Children's Abilities

0% Memphis

0% Motor Free Visual Perception Test (Colarusso and Hammill)

0% Peabody Picture Vocabulary Test

0% Porch Index of Communicative Ability in Children

7% Preschool Language Scale (Zimmerman and Steiner)

16% Stanford-Binet Intelligence Scale

0% System of Multicultural Pluralistic Assessment (SOMPA)

0% Templin-Darley Tests of Articulation

3% Vineland Social Maturity Scale

0% Wechsler Preschool and Primary Scale of Intelligence

16% Other: Dallas Preschool Screen - Weiss Comprehensive Articulation Test - Gesell

10. *What coordination exists between assessment personnel and teachers of the handicapped preschoolers? (Check the one that best applies.)*

20% Teachers' input is sometimes sought during the assessment process.

27% Assessment personnel work closely with the teachers to make certain teachers understand implications of the evaluation findings when children are first placed in classrooms.

30% Assessment personnel maintain ongoing communication with teachers of the handicapped preschoolers after children are placed in the classrooms/home program.

17% There is minimal communication between the two groups.

7% Other: Little contact until placement but much contact on NCPH re-evaluations

11. *Please report the number of children in the three-to-five age group your pupil appraisal personnel evaluated between June 1, 1985, and October 31, 1985. Please do NOT estimate. Check "NA" if the information is not available.*

0-14 Birth--two-year olds (15 responses)

0-53 Three-year olds (18 responses)

1-34 Four-year olds (18 responses)

0-49 Five-year olds (15 responses)

39% of the 36 responses reported that this information is not available in this form.

12A. In your opinion, what are the primary benefits parents and childr receive from the preschool handicapped program? (Check all the ben- efits you feel they are receiving.)

97% Children acquire self-help skills and become more independent.
75% Children who are developmentally delayed have an opportunity to "catch up."
67% Some children who receive program services and attend kindergarten in a regular school setting could not have done so without the preschool handicapped program.
75% Children demonstrate gains in the cognitive domain.
97% Children demonstrate gains in the social domain.
83% Children demonstrate gains in the motor domain.
67% There is a reduction of parents' tension or stress once they realize the program provides someone/something to help their exceptional children.
53% Parents tend to acquire more acceptance of their children's exceptionalities.
72% Parents learn to have more realistic expectations for their exceptional children.
42% Parents are sometimes freed, so that they can do routine things like shopping or, in some cases, seeking employment.
28% There is more acceptance of exceptional children by regular education teachers and students in the school setting.
19% There is more community acceptance of exceptional children.
0% I can see no benefits from this program.
0% Other

12B. Write the number of the benefit among those listed above that you feel is the MOST IMPORTANT benefit children and/or parents are receiving.

33% = Children who are developmentally delayed have an opportunity to "catch up."

22% = Children acquire self-help skills and become more independent.

19% = Some children who receive program services and attend kindergarten in a regular school setting could not have done so without the preschool handicapped program.

13A. What difficulties have you observed in the preschool handicapped program? (Check all the difficulties you have observed.)

14% There are difficulties in securing and keeping an adequate number of teachers and other program staff.
31% There are difficulties in finding qualified or trained staff.
22% Funding is not adequate.
3% There are difficulties in finding children who are potential qualifiers for the program.
14% There are difficulties in assessing children referred for services.
0% Teachers have difficulty in transporting materials to home-based settings.
58% Medical evaluations frequently delay the assessment process.
44% Medical evaluations are difficult to interpret.
22% Parents are less involved than they should be.
8% There are inadequate curricular materials available for use with low-functioning children.
3% Materials/supplies are inadequate.
8% The method of transporting students is unsatisfactory.
22% Students spend too much time traveling to and from class.
25% Program staff experience burnout.
19% Available physical facilities are not adequate for these children.
25% The physical facilities are not located in a setting that permits integration of the preschool handicapped children and regular children.
28% Ancillary staff (therapists, adapted physical education teacher, nurse) do not have appropriate working space.
33% There should be more or better coordination between related agencies (health unit, etc.) and program personnel.
19% There should be more or better coordination among the personnel who provide different services within the program (teacher, therapists, adapted physical education teacher, assessment team members).
39% It is difficult to secure special services like physical therapy, occupational therapy, etc.
42% There are problems in integrating the exceptional children and the regular children.
17% The quality of instructional services provided during the extended-year (summer) program is not on par with that provided during the regular year.
25% There are difficulties documenting regression in order to determine children's eligibility for the extended-year program.
8% The extended-year program denies some staff and children the opportunity for a needed break.

(Continued on following page.)

11% There are difficulties in interpretation of/compliance with 1508 guidelines. Please indicate the specific area in which these occur:

Defining a secondary exceptionality for reporting, difficulty in interpretation of guidelines. Change language/speech from perceptual/ cognitive area as this would communicate better to parents and staff. There is a negative stigma in using the term cognitive delay when the child only has a speech problem.

17% Other: School administrators are not always supportive.

13B. Write the number of the difficulty among those listed on the preceding page which causes you MOST CONCERN.

#1 = Medical evaluations frequently delay the assessment process.

#2 = It is difficult to secure special services like physical therapy, occupational therapy, etc.

#3 = There are problems in integrating the exceptional children and the regular children.

TURN TO PAGE 16.

PART II. ASSESSMENT PROFILE

PART II: ASSESSMENT PROFILE

14. Supply the following information for the MOST RECENTLY COMPLETED EVALUATION for a child in the three- to five-year-old group.

Child's primary exceptionality: 82% = Noncategorical preschool handicapped,
9% = Speech impaired, 9% = Mild/moderate mentally retarded

Child's age: 3-10 yrs. Child's sex: 70% Male 30% Female
59% = 3 and 4 years

What is your best estimate of the child's socioeconomic status?

42% paid lunch
13% reduced lunch
45% free lunch

KIND OF PREASSESSMENT INFORMATION PARENTS OF CHILD BROUGHT TO PUPIL APPRAISAL PERSONNEL DURING INITIAL SESSION

42% None

47% Medical (Explain.) Pediatrician's recommendations, audiological evaluations, pediatric neurology evaluations, reports from ENT as a result of a repaired cleft.

33% Other (Explain.) Complete evaluation from previous school attended by child.

PUPIL APPRAISAL PERSONNEL INVOLVED:
CHECK each pupil appraisal staff member who participated in this child's evaluation, WRITE your best estimate of how many hours each devoted to this particular evaluation, and CIRCLE whether or not the parent or guardian was present during the actual testing in each case.

32*	Social worker, 2.9 hours avg.	Parent present: Yes = 31*
30*	Assessment teacher, 3 hours avg.	Parent present: Yes = 18*
1*	Educational consultant, 0 hours	Parent present: Yes = 1*
33*	Speech/Language therapist, 2.4 hrs.avg.	Parent present: Yes = 16*
5*	Audiologist, 1 hour avg.	Parent present: Yes = 4*
18*	Psychologist, 2.2 hours avg.	Parent present: Yes = 10*
4*	Physical therapist, 1 hour avg.	Parent present: Yes = 1*
8*	Occupational therapist, 1.3 hours avg.	Parent present: Yes = 5*
4*	Nurse, .6 hour avg.	Parent present: Yes = 4*
8*	Other, 1.6 hours avg.	Parent present: Yes = 5*

* Number of LEA programs reporting.

(CONTINUED ON NEXT PAGE)

(Continued from previous page)

TIME DISTRIBUTION AND SETTING USED BY EACH PUPIL APPRAISAL STAFF MEMBER IN TESTING CHILD

In the blank on the left, WRITE THE LETTER of the time of testing that best describes when this child was tested. Use the following codes:

A= one session
B= multiple sessions, same day
C= multiple sessions, same week
D= multiple sessions, same month
E= multiple sessions, several months

Also CIRCLE THE SETTING in which the child was tested in the blank on the right.

		TESTED IN							
A	Social worker (29)	2	home	10	school	5	both	12	other
A	Assessment teacher (28)	1	home	16	school	3	both	9	other
C,D	Educational consultant(2)		home		school	1	both	1	other
A	Speech therapist (32)	1	home	21	school	1	both	8	other
A	Audiologist (4)		home		school		both	4	other
A	Psychologist (17)		home	9	school	1	both	7	other
*	Physical therapist		home		school		both		other
*	Occupational therapist		home		school		both		other
*	Nurse		home		school		both		other
*	Other		home		school		both		other

* Data not provided for these items.

(Continued on next page)

INSTRUMENT(S) USED BY EACH PUPIL APPRAISAL STAFF MEMBER:

Write the name of the instrument used by each pupil appraisal staff member who participated in this evaluation in the space provided. If no test was administered, write NONE. If any of the following staff did NOT participate in the evaluation, leave the entire space BLANK.

Social worker: Preschool Attainment Record, Vineland Social Maturity scale, social history, parent interview, Portage Guide

Assessment teacher: Battelle Developmental Inventory, Gesell Scales, informal puzzles, Developmental Activities Screening Inventory (DASI)

Educational consultant: none reported

Speech/Language therapist: Utah Test of Language Development, Peabody Picture Vocabulary Test, TELD, Arizona Artic Proficiency Scale

Audiologist: none reported

Psychologist: Stanford-Binet, WPPSI

Physical therapist: none reported

Occupational therapist: Ayres

Nurse: Titmus Vision Tester

Other: Motor section of the Memphis, APE gives the LAP

Being cognizant of your heavy workload and hectic schedule, our staff would like to extend our special thanks to you for participating in this study. We cannot overemphasize the contribution you have made by supplying information about your program.

If there are unique features, strengths, or weaknesses of your program that have not been addressed in this questionnaire, please comment in the space provided below. Also, please feel free to comment on any item on the questionnaire.

Let us once again encourage you to take advantage of this opportunity to share suggestions or concerns about the preschool handicapped program. Confidentiality is assured. Your time in providing this additional, valuable information is appreciated.

Strengths: Home-based program for 0-3-year-old children...regional inservices for staff on current issues/procedures for preschool assessment...topics could include: How to write reports and what to say in the family interview for the social work-up?

Suggestions for improvements: Training in infant assessment and development of services for these infants in rural areas. Preschool handicapped need to be mainstreamed with nonhandicapped preschoolers. "I believe that many parents are still unaware of the preschool program." Development of a state approved curriculum guide, parent training, music therapy. Time span between referral and screening in some programs is over a year in many cases. Teachers need to incorporate language development strategies with daily lesson plans.

Unique areas: Nothing was cited.

Once again, we would like to thank you for your assistance in this project.

STATEWIDE EVALUATION OF THE EARLY EDUCATION PROGRAM

FOR HANDICAPPED CHILDREN IN LOUISIANA

Interview Data Summary: Pupil Appraisal Personnel

prepared by

Betty N. Anderson and JoAnn C. Bower

During the first wave of the study, four program sites were observed, and attempts were made to interview every person who served on each program's assessment team. Persons identified as having some responsibility related to the appraisal of children aged 3 to 5 years included psychologists, assessment teachers, speech/hearing/language specialists, social workers, physical therapists, occupational therapists, adapted physical education teachers, and nurses. In some individual cases, other persons, such as pediatric neurologists, child psychiatrists, or osteopaths were involved. Since these professionals were generally not part of the pupil appraisal core on a regular basis, they were not interviewed.

During the first wave of the study, the major pupil appraisal roles were defined, and the evaluators determined that one representative of each program's pupil appraisal core--a psychologist, social worker, or assessment teacher--was an appropriate and rich data source. Thus, in the second wave, eight persons representing eight LEA programs, were interviewed.

While the number of persons serving on the appraisal teams

serving the 3-to-5 age group ranged from two to eight, the evaluation of an individual child generally involved two to four persons. The anchor persons on the team tended to be the assessment teacher/educational consultant, the psychologist, or the social worker, with other persons assisting on individual evaluations as needed.

Role of the Psychologist in Appraisal

Psychologists were reported to be responsible for intellectual or cognitive testing. In some programs, the psychologist is responsible for administering all psychological, social, and emotional tests. In another, the psychologist is also responsible for developmental-skills testing. The psychologist's role in one program went beyond actual assessment to the provision of support, counseling, and behavior modification training for teachers and parents. Another psychologist indicated that, in an attempt to assist parents in coping with their children in the home environment, she may visit the homes and train parents for periods of as much as a year.

Role of Assessment Teacher/Educational Consultant in Appraisal

The primary role of the assessment teachers/educational consultants was reported as the coordinator of the overall evaluation process--scheduling appointments with the parents, contacting the appropriate persons for intake information, arranging staff schedules, getting screening information,

determining the need for and securing the services of ancillary staff for specific evaluations, writing reports, and arranging the IEP conference. In at least two of the eight programs, the assessment teacher/educational consultant was also responsible for the educational or developmental assessment of children. (Note: According to teacher-certification officials in the state education agency, certification as an assessment teacher and certification as educational consultant were similar enough to warrant the discontinuance of the educational consultant certification; however, persons certified under the old regulations still refer to themselves as educational consultants. For the purposes of this study, it is safe to assume that the educational consultants and the assessment teachers represent the same programmatic role.)

Role of the Social Worker in Appraisal

The primary role of the social worker was reported to be that of collector and interpreter of intake information related to the child's condition, the family and the home situation, and any other pertinent information that might provide the evaluation staff with insight into the background of a child's problems or needs. Generally, the social history is collected from the parent at the time of referral; however, more than one social worker reported making a home visit to secure this information. They also stated that the home visit provides additional information

about the living environment of the child being referred.

Role of Professional Ancillary Staff in Appraisal

As indicated earlier, if the assessment teacher or evaluation coordinator determined a need for the participation of professional ancillary staff in the evaluation process, then a physical therapist, occupational therapist, speech therapist, adapted physical education teacher, or nurse might be requested to assess the child. These persons diagnose specific deficits in children related to hearing, vision, speech, or motor development. It is interesting to note that in some programs the nurse routinely does vision and hearing screenings for the referred children at no cost, while in other programs, the parents are sent to private doctors or clinics at the parents' expense. Despite the fact that the persons interviewed indicated that funding for the program was adequate, there was indication that the reason parents are referred to private doctors or clinics is the inability of the programs to absorb the costs of hearing and vision screenings.

Concerns of Appraisal Personnel

Probably the most prevalent concerns expressed by pupil appraisal personnel related to the availability of sound assessment instruments for assessing children in the birth-to-2 and the 3-to-5 age group and the inadequate training/experience in assessing young children. One person indicated that there are not enough assessment tools to permit one to pinpoint children's

deficits. He indicated that a great deal of subjectivity is involved in the interpretation of the results and in the development of recommendations. More than once, the evaluators were told by pupil appraisal personnel that when gut feelings tell them a child should receive program services and the first test used does not document the eligibility, additional tests are used in attempts to document the child's needs. Children, ages 3 to 5 years, have a tremendous potential for change, and appraisal personnel expressed concern about labeling and recommending placement in the program when naturally occurring change might result in the child's testing "normal." On the other hand, their concern was that, during the time period used for appraisal, the opportunity to accommodate that potential for change and to provide children with appropriate stimulation might be lost.

Another aspect of the concern about labeling was the requirement to reevaluate children during their fifth year and to classify them according to the categorical eligibility standards to permit continuance of services. Appraisal personnel indicated that their preference is to reevaluate children in their sixth year and to extend the noncategorical classification through the sixth year. This was contrary to what some personnel in other roles, reported as their preference. Some personnel indicated their belief that categorical classification of children, or at least the identification of children's primary exceptionalities

would be conducive to more efficacious, deficit-specific instruction and service delivery.

Another major area of concern dealt with the documented degree of delay required to qualify a child for occupational or physical therapy. Pupil appraisal personnel and therapists stated that the state guidelines are unrealistic in the level of delay required for eligibility and the young ages of the children. A general sense of frustration prevailed among the therapists about children who could benefit markedly from therapy, yet the therapists are, according to state guidelines, prohibited from serving these children. The crux of the matter focuses upon the efficacy of intervention and the use of available staff with mildly handicapped children in lieu of or in addition to the severely involved children.

Another concern cited was the amount of time required to schedule and to complete the appraisal. Pupil appraisal personnel reported that getting medical information from the appropriate sources tends to delay the completion of the appraisal process. Personnel in three separate programs indicated that the numbers of children to be evaluated in this age group are increasing, and another psychologist stated that not only are the numbers increasing, but also is the degree of involvement of the children. There was also some concern that appraisal personnel have no control over the numbers of children referred for appraisal, and

yet time guidelines are of critical importance.

The Appraisal Process

Screening. The basic processes used in evaluation were similar across programs. When initial inquiries are made, the child search coordinator or designated appraisal staff person conducts an informal screening. Sometimes even this is not done if the person handling the inquiry determines that there is no need for screening. Evaluators were told that, with experience, the pupil appraisal personnel can tell if a parent is looking for a babysitting service or is genuinely concerned about the child's functioning ability. Sometimes all that parents want is expert reassurance that their child is developmentally normal. In one program, all children who are referred are evaluated without prior screening. While this particular program's representative acknowledged that evaluating everyone caused assessment costs to rise, he said that all a parent has to do to get his child evaluated is fill out a form.

Preparation for appraisal. Following the screening, if determination is made that a child needs a full evaluation, it is common for the social worker to visit the home for an intake session. In other programs, the parents go to a school, center, or central office for this session. One representative indicated that it is quite common for the team to go to the child's home to do the testing. He felt that better results are achieved when

children are tested in the home. He indicated that children are generally less intimidated in the home setting than they are elsewhere.

Following the intake session, requests are made for medical records and any other pertinent information about the child. "Then the name of the game is wait," according to the pupil appraisal personnel, for the evaluation cannot proceed until this information is in the hands of the appraisal team. One team member pointed out that the onus for getting this information is on the pupil appraisal team or the school system, not the parent; yet, in order to placate parents, strict regulations requiring adherence to timelines have been developed. He felt that requiring more participation from the parents would help this situation.

Appraisal. Once all the required information about the child is received, then the coordinator determines the make-up of the team, contacts each team member, and schedules testing times with them and the parents. Appraisal time varies with each child, the nature of the handicapping condition, and the cooperation of the parents in keeping the appointments. In a few cases, it was reported that additional in-depth assessment may be requested. When this request is made, the coordinator will refer the child to a pediatric neurologist, audiologist, or other appropriate professional.

Staffing and placement. Typically, once each individual member of the team has completed his part of the evaluation, a staffing is scheduled to discuss the team's findings and recommendations. Depending on the individual case, interim staffings may also occur prior to the completion of the evaluation.

Following the completion of the evaluation, an IEP conference is scheduled with the parents and representatives of the receiving school, typically an administrator and the child's classroom teacher. This conference is sometimes delayed by the parent's inability or unwillingness to schedule the conference. Once the conference is set, the evaluation findings are presented to the parents. Appraisal personnel acknowledged that often parents are bewildered and apprehensive, and they may or may not understand what is being told to them.

Costs of appraisal. Costs related to pupil appraisal were reported to be the salaries of the pupil appraisal team members and clerical/support staff, assessment instruments, professional fees paid to contracted professional ancillary staff, office supplies, computer time, postage and telephone charges, and physical facilities. Unfortunately, since no records documenting the time of each person involved in individual evaluations were kept, specific cost data were not available during the second wave.

Strengths of the pupil appraisal program. An apparent strength of current pupil appraisal practices is the staff's willingness to go into the homes and put children at ease to maximize the accuracy of testing results. The availability of the professional ancillary staff and the pupil appraisal team's judicious use of them during evaluation is also a strength. The persons interviewed felt that their close working relationship with agencies/organizations, such as the Lion's Club, is a plus. Perhaps the greatest strength is the staff's determination to assess each child as accurately as possible and make the recommendations that are be in the best interests of the child.

Another strength that was cited by parents and teachers is the willingness of the psychologist to assist them in dealing with children's behavior. One parent reported a reluctance to discipline her special child. She discussed this issue with the school psychologist who provided support, assistance and guidance to her and the family in managing this problem.

A minimum of 25 different assessment instruments were reported as frequently used by these eight pupil appraisal representatives. Despite the number of instruments available, there is general dissatisfaction with the quality of the instruments and the subjectivity required on the part of assessment personnel. There is a problem with the 1508 criteria as they relate to this group, according to some representatives.

Some expressed concern about what constitutes "mild/moderate," and one indicated that the placement of a preschool child is based upon an informal assessment more than anything else. However, in all fairness to those persons interviewed, it seemed to the evaluators that these people are devoted to making decisions that are in the best interests of the children they evaluate. They are obviously willing to take the time to get critical information about each child, to test and retest if necessary, and to conduct cross-disciplinary staffings to verify their findings about the children. In a number of cases, the staff counsels the parents of children who are found ineligible for program services, and function in support roles for periods of time.

Areas cited as weaknesses. With one exception, the pupil appraisal personnel interviewed indicated that no intervention strategies or educational adjustments are used with this age group between initial referral and evaluation. One program does offer support services to the parents in the areas of behavior modification, positioning, feeding and nutrition, and referral to other agencies.

Some pupil appraisal personnel expressed a need for inservice training in contacting and/or dealing with parents. These personnel indicated that this would be helpful with all parents, but particularly so with parents of children who are referred by someone else. The people interviewed said that this could be a

sensitive situation, and they felt some inservice training would help them to cope in a more appropriate manner.

According to one of the pupil appraisal team members interviewed, one of the biggest complaints she deals with relates to the kind of information the team provides to the teachers. Teachers complain that they need more information, but this individual felt that the teachers were confounding the IEP developed by the team and the lesson plan which should be developed by the teacher.

On the other hand, teachers and parents reported that appraisal personnel sometimes use professional jargon that is not understandable to parents. Parents reported that sometimes they are confused and reluctant to ask the psychologist to explain the terminology used in the IEP conference. Teachers reported that parents use the child's communication notebook to secure answers to their questions. Appraisal personnel need to be more cognizant of the parents' need to understand the results of the assessment and the recommendations made for their child.

Appraisal personnel recognize their inadequacy in testing young children without training or experience with children this age. In large programs where there is a separate team for infant/preschool assessment, the team members have the opportunity to specialize. In programs of smaller size, appraisal staff do not have the luxury of such specialization.

Preschool Handicapped Program Evaluation

Child Search Coordinators

The Louisiana Department of Education has entered into a cooperative agreement with the U.S. Office of Education to conduct a statewide study of the early education programs for handicapped children in Louisiana. The study is designed to provide program personnel and parents opportunities to showcase strengths and to suggest improvements for various program models. The study, which is NOT designed as a monitoring tool for compliance, will be a medium through which information about different program models can be disseminated. Areas of program models to be explored include, but are not limited to, the regular and related program services which are provided to children and parents, service delivery models, program formats, instructional models, physical facilities, staffing patterns, transportation, program processes, transitional efforts, interaction patterns, learning environment, staff training and experience, coordination across programs, program impact on participants and parents, and perceived benefits and difficulties of the program models.

The Bureau of Evaluation in the Office of Research and Development is conducting the study, with the cooperation of the Office of Special Educational Services. Information for the study will be collected from all school systems in the state with the assistance of each system's special education staff and the Louisiana Early Education Program coordinators. We would like to request your assistance in providing critical information about your preschool handicapped program for three- to five- year-old children. Your support and input are needed in this study, which has the potential to affect the quality of education in Louisiana. If you have any questions regarding the study or the information you are requested to provide, please feel free to call Dr. Betty Anderson or Dr. Jo Ann Bower at (504) 342-3835.

Please note: The identity of individuals, schools, and parishes will remain STRICTLY CONFIDENTIAL.

Please return this survey in the stamped, self-addressed envelope no later than December 15, 1985.

FREQUENCY DISTRIBUTIONS OF RESPONSES
Total number of responses = 38

_____/_____/_____/ ___C ___H ___B ___S

1. *How long have you been working with the preschool handicapped program as a child search coordinator? (Include the current school year.)*

   1 to 9 years range

2. *Approximately how much of your work time is spent as child search coordinator? (If this is your full-time job, write 100%.)*

   2% to 100% = range

3. *What are your responsiblities in the preschool handicapped program? (Check all that apply.)*

   79% To contact parents of children who may need program services
   90% To write public service announcements to disseminate information about program services
   82% To speak to clubs, organizations, etc., in the community to make more people aware of the program services
   90% To put children who are referred for screening or evaluation in touch with the appropriate assessment personnel
   55% To complete necessary paperwork related to referral and recommendations for screening
   55% To work with "kindergarten round-up" personnel in an effort to identify children who may need program services.
   26% Other = Required paperwork, coordinate assessment of children and refer to other agencies, counseling parents

4. *Please indicate whether or not you have each of the certification or special training areas listed below. (Check how helpful EACH AREA is in performing your duties as child search coordinator.)*

   1. Teacher certification: special education (36)
      67% have, helpful 0% have, not very helpful 33% do not have

   2. Teacher certification: elementary or secondary education (36)
      67% have, helpful 6% have, not very helpful 28% do not have

   3. Elementary or secondary administration certification (33)
      52% have, helpful 6% have, not very helpful 42% do not have

   4. Early childhood development degree (32)
      6% have, helpful 0% have, not very helpful 94% do not have

   5. Counseling certification (31)
      26% have, helpful 0% have, not very helpful 74% do not have

   6. Special inservice training (36)
      83% have, helpful 6% have, not very helpful 11% do not have

   7. Other: (15) = Psychologist, Social worker, media training
      100% have, helpful 0% have, not very helpful 0% do not have

5A. *What previous related experience have you had? (Check all that apply.)*

34% Public relations/communications work
66% Work with special children in the role of *social caseworker or foster parent*
76% Teaching experience
61% Administrative/supervisory experience
61% Work as pupil appraisal team member
13% Role in handicapped advocate organization
34% Counseling experience
0% No previous related experience
21% Other = Child welfare worker, teacher

5B. *Write the number of the experience among those listed above which has helped you most in your role as child search coordinator.*

#1 = Work as pupil appraisal team member

6. *With what agencies/professionals do you work in your role as child search coordinator? (Check all that apply.)*

61% Association of Retarded Citizens
66% Audiologists
61% Charity hospitals
68% Ear, Nose, and Throat Specialists
74% Early Intervention Program
37% Handicapped advocate groups
84% Handicapped Children's Program (Crippled Children)
94% Health clinics
18% Local neonatal intensive care units
34% LSU Medical Center--New Orleans
42% LSU Medical Center--Shreveport
40% Ministers
40% Office of Mental Retardation
53% Ophthalmologists
84% Pediatricians
47% Private hospitals
68% Surgeons, neurologists, and other medical professionals not listed above
34% Other = Office of Human Development, Daycare Centers, Headstart Centers, Joint Project for Children and Parent Services

7. *Write #1, #2, and #3 beside the three sources from which the largest number of referrals are received.*

Association of Retarded Citizens
Audiologists
Charity hospitals
Ear, Nose, and Throat Specialists
#2....Early Intervention Program
Handicapped advocate groups
Handicapped Children's Program (Crippled Children)
#1....Health clinics
Local neonatal intensive care units
LSU Medical Center--New Orleans
LSU Medical Center--Shreveport
Ministers
Office of Mental Retardation
Ophthalmologists
#3....Pediatricians
Private hospitals
Surgeons, neurologists, and other medical professionals not listed above
Other = Parents, Community Day Care Centers

8. *How often does your school system sponsor these search activities? (CIRCLE the word that BEST tells how often you sponsor each activity.)*

1. Public service announcements on television/radio

weekly	monthly	quarterly	annually	rarely or never
14%	17%	25%	33%	11%

2. Special notices in the local newspapers

weekly	monthly	quarterly	annually	rarely or never
3%	11%	43%	41%	3%

3. Staff speeches to local clubs, organizations, etc.

weekly	monthly	quarterly	annually	rarely or never
0%	19%	11%	33%	36%

4. Communication between neonatal intensive care units and liaison personnel

weekly	monthly	quarterly	annually	rarely or never
0%	6%	3%	12%	79%

5. Communication between pediatricians and liaison personnel

weekly	monthly	quarterly	annually	rarely or never
6%	9%	6%	48%	30%

6. Other (What?) = School principals' meetings, telephone directory communication with health unit and churches

weekly	monthly	quarterly	annually	rarely or never
6%	41%	12%	41%	0%

9. *What was the number of preschool handicapped children identified for screening during the 1984-85 school year? (Please write exact numbers in the appropriate blanks. Do NOT estimate; if you do not know the number, check "information not available.")*

2 to 65 children (age 3) (11 programs)

2 to 168 children (age 4) (12 programs)

1 to 191 children (age 5) (10 programs)

22 programs reported - information not available

10. *What happens to a child when he is referred? Please give enough detail so that someone who is totally unfamiliar with your program would understand the process. You may have more or fewer steps than the eight spaces provided for on this survey. Use the back of this sheet if you need more space.*

Compilation of responses indicated the following:

1. Initial interview:
Obtain vision and hearing screening reports, releases for medical information, decide the composition of the assessment team.

2. Screening:
Observe the child in free-play, conduct parent interview and obtain social history.

3. School Building Level Committee Review:
Screening results reviewed and a determination of the need for a comprehensive assessment is made. A complete written screening report with recommendations is developed.

4. Parent advisement:
Parents receive screening report with recommendations--Not in need of further services or In need of further services. Parent permission is obtained for a complete assessment, if needed.

5. Refer to Pupil Appraisal for complete appraisal:
Some Child Search Coordinators reported responsibility for all steps leading to the referral, while others reported responsibility for closure with parents and teachers at the time of placement.

6. IEP Conference:
Some coordinators reported responsibility for scheduling this conference and arranging placement with the receiving school and teacher

Note: A child with an obvious handicapping condition does not receive screening services but is immediately referred to Pupil Appraisal.

11. *Which of the child search activities seem to be most successful with regard to the NUMBER OF CHILDREN identified? (Please write #1, #2, and #3 beside the top three.)*

Public service announcements on television/radio
Special notices in the local newspapers
Staff speeches to local clubs, organizations, etc.
Identification of younger brothers/sisters of children already in special education
Communication between neonatal intensive care units and liaison personnel
Communication between pediatricians/other professionals and liaison personnel
#1 & #2 Communication between clinics/health agencies and liaison personnel
Letters sent home by children currently in school
#3.....Word of mouth--teachers, parents of enrolled children, and other program personnel
Other = None reported

12. *In your judgment, what percent of the three- to five-year-old children in your parish who qualify for the preschool handicapped program are referred?*

90% (mode) 24% responded with a range of 50% to 100%

13A. *What are some possible reasons children are not referred? (Check all that apply.)*

29% Agencies and professionals do not give parents correct information about exceptional children.
87% Parents hope the child will outgrow the exceptionality.
87% Parents do not want their child to be identified with other exceptional children.
11% Program personnel do not succeed in letting enough parents know about program services.
34% Agencies and professionals do not refer children who might qualify for program services.
18% Other = Some parents do not have access to any information. Headstart serves many children who might otherwise be referred for services. Parents have little knowledge of normal development and don't recognize the signs of delay.

13B. *Write the number of the reason among those listed above which you believe is the primary reason children are not referred.*

#1 = Parents hope the child will outgrow the exceptionality.
#2 = Parents do not want their child to be identified with other exceptional children.

14. *What are your concerns about current child search activities? (Check all that apply to your program.)*

58% Not all exceptional children who need the service are reached.
53% Parents don't always see or understand child search ads and other written material displayed by child search personnel.
74% It is difficult to remove the stigma of special education and get people to respond.
11% We document the number of children evaluated, but not the number of children who are referred and screened.
3% We rely too heavily upon word-of-mouth communication for referrals.
13% Other = Lack of manpower, local MDs refer children to agencies other than the schools, have more referrals than we can handle

15A. *In your opinion, what are the primary benefits parents and children receive from the preschool handicapped program? (Check all the benefits you feel they are receiving.)*

95% Children acquire self-help skills and become more independent.
90% Children who are developmentally delayed have an opportunity to "catch up."
82% Some children who receive program services and attend kindergarten in a regular school setting could not have done so without the preschool handicapped program.
87% Children demonstrate gains in the cognitive domain.
95% Children demonstrate gains in the social domain.
95% Children demonstrate gains in the motor domain.
82% There is a reduction of parents' tension or stress once they realize the program provides someone/something to help their exceptional children.
92% Parents tend to acquire more acceptance of their children's exceptionalities.
82% Parents learn to have more realistic expectations for their exceptional children.
63% Parents are sometimes freed, so that they can do routine things like shopping or, in some cases, seeking employment.
50% There is more acceptance of exceptional children by regular education teachers and students in the school setting.
45% There is more community acceptance of exceptional children.
3% There are no benefits I can see from this program.
5% Other = Children receive instruction appropriate to their needs at an early age and develop a positive self-concept

15B. *Write the number of the benefit among those listed above which is the MOST IMPORTANT benefit children and/or parents are receiving.*

#1 = Children acquire self-help skills and become more independent. Children who are developmentally delayed have an opportunity to "catch up."

16A. *What difficulties have you observed in the preschool handicapped program? (Check all difficulties you have observed.)*

24%	There are difficulties in securing and keeping an adequate number of teachers and other program staff.
42%	There are difficulties in finding qualified or trained staff.
16%	Funding is not adequate.
8%	There are difficulties in finding children who are potential qualifiers for the program.
21%	There are difficulties in assessing children referred for services.
5%	Teachers have difficulty in transporting materials to home-based settings.
53%	Medical evaluations frequently delay the assessment process.
21%	Medical evaluations are difficult to interpret.
26%	Parents are less involved than they should be.
13%	There are inadequate curricular materials available for use with low-functioning children.
11%	Materials/supplies are inadequate.
5%	The method of transporting students is unsatisfactory.
32%	Students spend too much time traveling to and from class.
26%	Program staff experience burnout.
18%	Available physical facilities are not adequate for these children.
16%	The physical facilities are not located in a setting that permits integration of preschool handicapped children and regular children.
29%	Ancillary staff (therapists, adapted physical education teacher, nurse) do not have appropriate working space.
21%	There should be more or better coordination between related agencies (health unit, etc.) and program personnel.
24%	There should be more or better coordination among the personnel who provide different services within the program (teacher, therapists, adapted physical education teacher, assessment team members).
50%	It is difficult to secure special services like physical therapy, occupational therapy, etc.
21%	There are problems in integrating the exceptional children and the regular children.
13%	The quality of instructional services provided during the extended-year (summer) program is not on par with that provided during the regular year.
24%	There are difficulties documenting regression in order to determine children's eligibility for the extended-year program.
8%	The extended-year program denies some staff and children the opportunity for a needed break.
8%	There are difficulties in interpretation of/compliance with 1508 guidelines. Please indicate the specific areas in which these occur: Teacher/pupil ratio too high for SPH classes

11% Other = Determining who is to receive speech/language services and providing those services..."We are getting more students who are profoundly handicapped and this is causing teachers and staff to spend too much time with these students at the expense of other students."

16B. Write the number of the difficulty among those listed above which causes you MOST CONCERN.

#1 = There are difficulties in finding qualified or trained staff.

****

Being cognizant of your heavy workload and hectic schedule, our staff would like to extend our special thanks to you for participating in this study. We cannot overemphasize the contribution you have made by supplying information about your program.

If there are unique areas, strengths, or weaknesses of your program that have not been addressed in this questionnaire, please comment in the space provided below. Also, please feel free to comment on any item on the questionnaire.

Let us once again encourage you to take advantage of this opportunity to share sggestions or concerns about the preschool handicapped program. Confidentiality is assured. Your time in providing this additional, valuable information is appreciated.

Strengths:

Coordinated services from referral to placement. All staff persons are "of superior quality." Provides early identification.

Suggestions for improvements:

A full-time child search coordinator is needed because of the many responsibilities of the job. Need a method of documenting both the number and the level of services provided. Revision of speech guidelines in 1508 so that students can qualify for services. "A 12-month delay in language in a 3-year-old child is extreme." Parent training programs are minimal and inadequate. Additional funding is needed for all parishes to take over their own infant assessments.

Unique areas:

Provides an opportunity for hearing-impaired preschoolers to attend classes for the hearing-impaired. Availability of regular preschool classes on some campuses provides an opportunity for mainstreaming of handicapped preschoolers.

Once again, we would like to thank you for your assistance in this project.

STATEWIDE EVALUATION OF THE EARLY EDUCATION PROGRAM

FOR HANDICAPPED CHILDREN IN LOUISIANA

Interview Data Summary: Child Search Coordinator

prepared by

Betty N. Anderson and JoAnn C. Bower

Interviews were conducted with child search coordinators in 11 of 12 programs that were visited during the first and second waves of the study. Generally, one person is the designated child search coordinator; however, in one of the eight programs observed during the second wave, a committee of three persons was responsible. It is not unusual to find that when a single person is the designated child search coordinator, he also serves in another capacity. In one program, for example, one person served in the dual capacity of special education supervisor and child search coordinator.

When asked about job responsibilities, roughly half of the coordinators indicated that one responsibility was to write public service announcements about the services of the preschool handicapped program. Slightly less than half of the coordinators indicated that additional responsibilities included working with kindergarten round-up personnel in an effort to identify children who may need program services and putting children who are referred for screening or evaluation in touch with the appropriate assessment personnel. About half of the coordinators indicated

that they had responsibilities related to contacting parents of children who might need preschool handicapped program services and completing the necessary paperwork related to referral and screening. Only one coordinator reported that she maintained a telephone log to document inquiries about program services. Twenty-five percent of the three coordinators indicated that they were responsible for speaking to clubs, organizations, etc., in the community to make people aware of the program services. One coordinator indicated that he was responsible for conducting special awareness sessions for the public.

Role of the Child Search Coordinator

Three patterns emerged when the coordinators were queried about their communication with related agencies and/or professionals. One pattern indicated that the coordinator had an administrative role carrying the designated responsibility of verifying the parish's compliance with specific child-search requirements. A second pattern indicated that coordinators communicated regularly with a relatively small number of related agencies and/or professionals, usually health clinics, hospitals, the Office of Family Services, Handicapped Children's Services, and some private pediatricians to determine if any children might be in need of services. In the third pattern, coordinators reported communication with a variety of professionals (pediatricians, ENT specialists, ophthalmologists, audiologists,

nursery school teachers, and speech pathologists), agencies and institutions (Association of Retarded Citizens, Handicapped Children's Center, Association of Retarded Citizens, private and charity hospitals, local neonatal intensive care units, rehabilitation centers, public health departments, early intervention programs, health clinics, and selected handicapped advocacy groups), and some additional persons, including ministers and foster parents. Through this widespread network, the child search coordinator can identify children who needed to receive services from the school system and can refer them and their parents to another agency, if necessary.

When asked which agencies or professionals represented the program's primary source of referrals, the coordinators generally listed physicians, pediatricians, the Office of Family Services, and local health units. One coordinator indicated that none of the agencies or professionals topped simple "word-of-mouth" as the primary source of referral.

Insofar as the child search coordinator's role in the referral process is concerned, it was learned that some of the coordinators do not deal with the children at all, but rather do basic public relations work. Others are responsible for putting the children in touch with the appropriate assessment staff person for screening and, if warranted, subsequent evaluation. Thus, these coordinators function primarily as liaison personnel. Other

coordinators reported that they not only deal with inquiries about the program, but they also conduct intake sessions and do screening to determine if further evaluation is warranted.

A number of the coordinators indicated that they spend a substantial amount of time assuring concerned parents that their children do not need program services. On the other hand, some noted that they interview parents of children who do need program services, and that often these parents have been told by the family doctor or the pediatrician that the child will outgrow his condition.

Kinds of Child Search Activities

Child-search activities varied widely. The range included public service announcements in newspapers and on radio and television, speeches to local clubs and organizations, letters and related materials placed in health clinics and doctors' offices, posters in grocery stores, door knob hangers advertising program services, pamphlets placed in hospital waiting rooms, brochures and coloring books distributed at community jambalaya festivals, contact with church officials and nurse educators, letters taken home from school by students, and tracking of exceptional siblings.

The frequency of these activities varied from monthly to quarterly to annually. Generally, most activities were sponsored quarterly or annually. One coordinator reported that she supplies

new copy for radio blurbs to the local station every three months, and the announcer does the blurbs almost daily. Several coordinators indicated that they communicate on a monthly basis with doctors, health-unit nurses, and liaison personnel representing the local neonatal intensive care units. One coordinator indicated that she works with staff members who come into contact with parents in the community in an effort to promote parent awareness of the availability of the preschool handicapped services. She supplies these staff members with printed materials to distribute to parents. She said she finds that some parents get upset if someone else refers their child to the program, so she tries to lay inroads so that parents are encouraged to refer their own children.

Five coordinators reported that they felt word-of-mouth publicity was the most successful child search activity in the overall number of children identified as needing program services. This was not consistent with reports from a number of parents who expressed frustration related to not knowing about program services. At least 10 percent of the parents interviewed reported that they spent a great deal of time and money prior to learning about the program services. The other activities to which some child-search success was attributed included communication with pediatricians and clinics/health agencies. Only one coordinator listed letters taken home by children as one of the more

successful activities, and only one listed staff speeches to local clubs and organizations. One coordinator who puts media ads in the local newspaper on a weekly basis felt that this was her most successful activity, while a coordinator in another program reported that the majority of parents whose children were being served by the program did not subscribe to a newspaper--and even if they did subscribe, they would have a difficult time trying to read the paper; therefore, she reported little or no efficacy of newspaper ads.

Coordinators indicated that some search activities had been discontinued because virtually no response had resulted from them. One specific activity mentioned was sending home information flyers by children already in school. At least one coordinator expressed concern that a substantial number of people in her area cannot read and would, therefore, not benefit from written forms of program publicity. Other programs are in areas having no local television or radio stations, and thus rely upon the advertisements of neighboring programs for program publicity. One coordinator indicated that not much advertising is done in her parish, for they have all the kids they can serve at the present time.

Children referred through Child Search Activities

When asked how many children were referred for screening during the 1984-85 academic year, responses varied. One

coordinator reported 7, one reported 73, and one reported approximately 300. Only one coordinator reported maintaining a telephone log that documented program inquiries. Two coordinators indicated that all they did was public relations work; actual screening was done by pupil appraisal staff, to whom children were immediately referred upon initial inquiry, and figures were not available. The other coordinators did not know how many children had been referred. When asked how many children who need program services are NOT referred in a one-year period, most coordinators felt comfortable with the efficacy of their activities and indicated that they probably were missing only a few children. This was not entirely consistent with kindergarten teachers' perceptions that some of their regular kindergartens would have benefited from the program services--assuming that parents knew about the program and that the children tested were eligible.

Following up on the question of "nonreferrals," the evaluators learned that the coordinators suspected a number of reasons why children are not referred to the preschool handicapped program. One coordinator responded that people utilize the preschool handicapped program services more often than not. About one-fourth felt that one reason for nonreferral was the fact that some parents are simply not aware that their child has a problem. A few felt that nonreferral was due to lack of awareness about the availability of program services. Roughly 25 percent of the

coordinators felt that parents' fear of stigmatization and reluctance to place a child in a class with exceptional children were factors in nonreferrals. Coordinators also reported that children are not being seen because the parents, unable to admit that anything is wrong with their child, cling desperately to the hope that the child will outgrow his exceptionality. The coordinators also indicated that, in some cases, parents are encouraged by doctors to believe that the child will outgrow his exceptionality.

Several coordinators suggested that some parents are handicapped themselves and not only do not recognize the special needs of their children, but also are ill-equipped to help their children.

Suggestions for Improvement

When the coordinators discussed their concerns about current child search activities, they indicated some concern about not reaching all the exceptional children in their areas. They cited the following:

1. More direction and assistance are needed with statewide publicizing of program services, particularly on television.
2. The wording of the ads currently being used should be reviewed for there are parent reports that the ads are not getting the attention of some parents.

3. The ads should be restructured to avoid giving the impression that the program serves only children with obvious physically handicapping conditions.

4. The difficulties of locating children in the birth-to-2 and 3-to-5 age groups, and getting the parents to move quickly to get services, should be addressed. Communication between education and medical professionals might alleviate some of these difficulties.

5. A program of public information and parent counseling could possibly allay some parents' reluctance to turn a young child over to a school for as much as seven or eight hours per day, and could minimize the "wait-and-see" attitude of some parents.

6. Communication lines between the LEA and agencies that can provide related services need to be established for the purpose of information sharing and better serving handicapped children and their parents. This is especially true in rural areas.